1. The Montreal definition proposed that gastro-oesophageal reflux disease (GERD) is a condition that develops when the reflux of gastric contents into the oesophagus causes troublesome symptoms and/or complications.
2. Heartburn and regurgitation are typical symptoms of GERD, while non-cardiac chest pain, unexplained chronic cough and throat symptoms are atypical symptoms.
3. The prevalence of GERD is rising in North America and Western Europe, but is decreasing in Asia due to changing dietary patterns.
4. Current guidelines recommend the use of antacids, when necessary, as the first line of treatment for GERD, and acid-suppressive therapy with proton pump inhibitors (PPIs) as the second-line approach.
5. PPIs suppress gastric acid secretion but have limited efficacy in oesophageal mucosal healing.
6. Despite the high efficacy of PPIs, up to 30% of patients continue to experience GERD-like symptoms even when adequately dosed.
7. Gastroscopy is useful to exclude any sinister conditions, especially in patients who have additional risk factors such as smoking, older age and a family history of upper gastrointestinal cancers.
8. Ambulatory oesophageal reflux monitoring is useful to confirm or reject the diagnosis of GERD when it remains doubtful.
9. GERD can be a costly disease, especially when treatment failure leads to a longer or higher dose, or different course of PPIs.
10. Compared to patients with erosive oesophagitis, patients with non-erosive reflux disease have a 20% reduction in therapeutic gain from PPIs.
11. 15%–30% of patients with persistent GERD symptoms report an impaired quality of life.
12. Failure to respond to PPIs can be due to a variety of causes that may be related or unrelated to GERD.
13. Heartburn is described as a backflow of gastric contents into the chest or mouth.
14. In clinical trials, PPIs are more efficacious for relieving symptoms of regurgitation compared to heartburn.
15. Underlying anxiety and psychological comorbidities are frequently reported in patients with PPI-refractory symptoms; patients with high anxiety levels have been reported to have persistent reflux-like symptoms.
16. Functional gastro-oesophageal disorders require symptom onset of at least three months prior to diagnosis and symptoms of at least two weeks’ duration.
17. Language barriers, complexities in symptom description and cross-cultural differences are the main difficulties preventing the widespread use of GERD questionnaires in our local population.
18. A symptomatic response to a 1–2-week course of high-dose PPI in patients with GERD symptoms remains one of the most specific predictors of GERD and is useful in the primary care setting.
19. The majority of patients with refractory reflux symptoms will have normal endoscopy results.
20. Once the diagnosis of functional oesophageal disorder has been made, appropriate treatment should be instituted, with continued use of PPIs to prevent recurrence of symptoms.